

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037397

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

Dr. Huber
AMENDED

Registration District No. 352

Primary Registration District No. _____

Registrar's No. 75

FILED SEP 24 1962

VS 300
Rev. 4/59

1 1060

2 1060

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Taney			
b. CITY (If outside corporate limits, give TOWNSHIP only) Branson				Length of stay in 1b 1 day		c. CITY OR TOWN Branson	
c. FULL NAME OF (If NOT in hospital, give location) Skaggs Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. Highway 160	
3. NAME OF DECEASED (Type or print) First Richard Middle Frederick Last Michel				4. DATE OF DEATH Month 9- Day 17- Year 62			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1900	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 7 Days 19		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor				10b. KIND OF BUSINESS OR INDUSTRY Gen. Contractor		11. BIRTHPLACE (City and state or country) Branson, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.				13a. FATHER'S NAME Walter R. Michel			
13b. MOTHER'S MAIDEN NAME Martha Alice Howard				14. NAME OF HUSBAND OR WIFE Myrtle Michel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. [REDACTED]			
17. INFORMANT Mrs. Myrtle Michel				Address Branson, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Captured Anti-Aircraft Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m. 		Month, Day, Year 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1955 to 9-17-62 and last saw him alive on 9-17-62 Death occurred at 1:30 P.M. 9-17-62 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Huber M.D. (Degree or title)				22b. ADDRESS Branson Mo		22c. DATE SIGNED 9-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-20-62		23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		23d. LOCATION (City, town, or county) Branson Mo.	
24. FUNERAL DIRECTOR Walter Cobb Address Branson, Mo.				25. DATE RECD. BY LOCAL REG. 9-22-62		26. REGISTRAR'S SIGNATURE Stewart Campbell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

8961 6 T NNR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Blanton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.